		<del></del>					Щ.						
	TDAN	CMIT	TAI		4 9 4			1					
FEE TRANSMITTAL					Application Numb		ei[		10/039,062 December 31, 2001				
fo., EV 000E					Filing Date First Named Inver				llam R. Matz				
for FY 2005							P		n Reiliy	Z			
Applicant claims s	small entity status. See	37 CFR 1.27			Examine Art Unit		-	215					
	•		•			Docket N	#		01376				
TOTAL AM	OUNT OF PAYM	ENT	\$1,020.00	_	Alloring	DOCKEL IN	ì	TDG	01070				
METHOD OF PAY			<b>\$1,020,0</b> (	-			11			<del></del>			
			o D Othor				I						
☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other ☐ Deposit Account Deposit Account No. 19-2167						Полог	Ц,	Account Na	mo.				
The Director is auth						Date	H	100001111101					
Charge fee(s) Indi	•							☐ Cha	ar <b>c</b> e fee(s) i	ndicated below, exc	ept for the filing fee		
☑ Charge any addit		rpayments of fe	e(s) under 37 C	FR 1.16 and 1.17				☑ Credit any overpayments					
				FEE C	ALCULA	TION							
1. BASIC FILING, S	EARCH AND EXA	MINATION FE	ES										
		G FEES		ee.	VRCH FE	EC			EVAMINA	ATION FEES			
Application Time			F (A)	30				F (f)			Fees Said (ft)		
Application Type	Fee (\$)	Small Entity F (\$)	ee Fee(\$)		(\$)	il Entity F		<u>Fee (\$)</u>	l	Small Entity Fee (\$)	Fees Paid (\$)		
Utility :	300	150	500		250			200		100	·		
Design :	200	100	100		50			130		65			
Plant :	200	100	300		150			160		80			
Reissue :	300	150	500		250			600		300			
Provisional	200	100	0		0			0		0			
2. EXCESS CLAIM	FEE\$					- 1)							
Fee Description										. Fee (\$)	Small Enty Fee (\$)		
Each daim over 20 (i	ndudina Relssues)				:					50	25		
Each independent da					:					200	100		
Multiple dependent cl	•	<b>O</b> . , <b>7</b>								360	180		
Total Claims		Extra Claims	Fee(\$)		Fee	Paid (S)	I			Multiple Depende	ent Claims		
	-20  or HP =		x		=_					Fee (\$)	Fee Paid (\$)		
HP=highest number o	of independent dair	ne naid for if a	neater than 3		:								
The single of the thornes		no pola ior, ii gi											
Indep. Claims		Extra Claims	Fee (\$)		Fee	Paid (\$)							
	-3 or HP =		x		=_								
HP=highest number of 3. APPLICATION SI	•	ns paid for, if gr	reater than 3		,	'							
If the specification and o	drawings exceed 100								ler 37 CFR 1	.52(e)), the application	elze foo due la \$250.00		
(\$125 for small entity) is Total Sheets	on educi audulustai 30 i	Extra Sheets	i ulcicori. 355 33 (	40, <del>4</del>	·(=)( 1)(U)	anu ər ur	1	· Inlah		Fee (\$)	Fee Paid (S)		
	- 100 =		/50			(round		) x		=	SIXITEE		
4. OTHER FEE(S)											Fee Pald (\$)		
Non-English Specification, \$130 fee (no small entity discount)					•								
Other (e.g., late filing surcharge): 3 Month Extension of Time											1,020.00		
SUBMITTED BY:										plete (if applicable			
Name (Print/Type)	Bambi F. Walte	ere .	Registration (Attorney/		<u> </u>	4	5,1	97	Te	lephone:	(757) 253-572 <del>9</del>		
Signature	₽C.	) Wal	ten				,	Date	August 17	7. 2005			
o-Brientia	1000						H.		Aman I	, =~~~			

	TRAN	TIMP	TAI								
			1 W	•	Application N	m		0/039,06			
İ	for FW	0005			Filing Date	L		ecembe	er 31, 20	301	
	for FY	2005			First Named			/illiam R	. Matz		
	small entity status. See				Examiner Na	τе	S	ean Rei	lly		
					Art Unit	1		153			
TOTAL AM	OUNT OF PAYN	ELE.			Attorney Doc	ŧŧ	io. B	501376			
			\$1.020	.00	;						
METHOD OF PAY	MENT (check all	that apply)	_		. , .						
Check Credi	It Card Money	Order   None	☐ Other		:		1				
Deposit Account		Deposit Account N	lo. 19-216	<u> </u>	0	ф	sit Account N	ame:			
The Director is auth	iorized to: (check	all that apply)									
Charge fee(s) ind							a	narge fe	e(s) ind	icated below, exc	ept for the filing fee
Charge any addit	Junal (ee(s) or unde	rpayments of lee(	s) under 37	CFR 1.10	6 and 1.17		⊠ Cre	dit eny	overpay	ments	
				FEE C	ALCULATION						
1. BASIC FILING, S	EARCH, AND EXA	MINATION FEES	3		1						
	FILING	G FEES		SE4	ARCH FEES			EVA	BAINIA TI	ION FEES	
Application Type	Fee (\$)	Small Entity Fee	Fee (S		Small Ent		5 6				_
		(3)	1 100 10	ų.	( <u>\$)</u>		Fee (	Ŋ		Small Entity Fee (\$)	Fees Paid (\$)
Utility 3	300	150	500		250		200			100	
Design 2	200	100	100	i	<b>60</b>		130			65	<del></del>
Plant 2	200	100	300	İ	150		160		(	80	
Reissue 3	300	150	500		250		600			300	
Provisional 2	200	100	o		0		0			0	<del></del>
2. EXCESS CLAIM F	EEQ									·	<del></del>
Fee Description	LLO										
							1			Fee (\$)	Small Enty Fee (\$)
Each claim over 20 (In							}			50	25
Each independent da		g Reissues)			:		1			200	100 ·
Multiple dependent cla	alms				:					360	180
Total Claims	00 115	Extra Claims	Fee(\$)	. [	Fee Pald	<b>(4)</b>	il			Multiple Depende	ent Claims
	- 20 or HP =	<del></del>	×	4	·					Fee (\$)	Fee Paid (\$)
HP=highoet number of	f indones dest elele				j						
HP=highest number of	e elompendent claim	is paid for, ir great	er than 3		:						
Indeo, Claims		Extra Claims	Fee (\$	, l	Eon Dalet I						
	- 3 or HP =	E-A-O-Gail IS	x x	1	Fee Pald	7					
HP=highest number of	f Independent claim	s paid for, if great		1	T						
3. APPLICATION SIZ If the specification and dr (\$125 for small entity) for	maines exceed 100 e	heels of paper texc	Indian electr	onically file	d eeg 12700 os a		des l'ades es	d 07 D			
	each additional 50 si	neets or traction the	reof. See 35	5 U.S.C. 41	(a)(1)(G) and 37	Ċ	ppuer issungs one R 1.16(s).	er 37 C	FK 1.52(	e)), the application	stze fee due is \$250.00
Total Sheets		Extra Sheets								Fee (\$)	Fee Paid (\$)
<u>- '                                  </u>	100 =		/50		(ro	d	ур) x			=	
4. OTHER FEE(S)	1	:					<del>_</del>	Fee Paid (\$)			
Non-English Specifical											
Other (e.g., late filing s	surcharge):	3 Month Extension	on of Time								1.020.00
SUBMITTED BY: Name (Print/Type)	Rembi C (Matta-		0.00	4		L				te (if applicable)	
	Bambi F. Waiter	8	Registrat (Attorney			4	5,197		Telepi	hone:	(757) 253-5729
	50.0	1-01							<u> </u>		
Signature	1000	- Walt.	<i></i>	+		ı	Date	Augus	t 17. 20	305	

## RECEIVED CENTRAL FAX CENTER

AUG 1 7 2005

		Applicatio	Number	10/039,062	2				
TRANSMITTA		Filing Dat		December 31, 2001					
		First Nam	d Inventor	William R. Matz					
FORM (to be used for all correspondence	) (1)	Art Unit		2153					
to be about of all correspondence	(B)	Examiner	Vame	Sean Relily					
Total Number of Pages In This Submission:		Attorney [	ocket Number	BS01376					
					l				
,		ENCLOS	SURES						
		(Check all th	nat apply)						
□ Fee Attached     □ Amendment/Reply     □ After Final     □ Affidavits/declaration(s)      □ Extension of Time Request     □ Express Abandonment Request     □ Information Disclosure Statement     □ Certifled Copy of Priority Document(s)     □ Response to Missing Parts/Incomplete Application     □ Response to Missing Parts under 37 CFR 1.52 or 1.63	Petition Applicati Power o Change Termina Request CD, Nun	g-related Pap to Convert to on Attorney, Re of correspor Disclaimer for Refund ther of CD(s)	a Provision evocation ndence Add	ial C	Appeal Cand Interf Appeal Cand Interf Appeal I Appeal I Proprieta Status Le Other End 3 month	ommunication to Group Notice, Brief, Reply Brief) ry Information  atter  closure(s) (please Identify below): Extension of Time			
SIGN	TURE OF A	DDI ICAN	T ATTO	NEY, OR AC	ENT				
Name (Print/Type)	Bambi Faivi		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		eg. No.:	45,197			
Signature	A. )		Dulk		-g. 110	וטווטר ן			
Date	August 17,	2005	saco	8					
•	ragaot 17,7								
CERTIFICATE OF TRANSMISSION / MAILING									
Service with sufficient postage as first class VA 22313-1450 on the date shown below.	velope add			or deposited with the United States Postal missioner For Patents, PO Box 1450, Alexandria,					
Name (Print/Type)	e Walters		Date August 17, 20						
Signature	r'u c	Salt							